



Comprehensive Risk Counseling & Services (CRCS)

INTERVENTION/CONTACT DATA

Program: _____

Date: ____/____/____ Provider initials: _____

LHD/agency no.: [][][][][]

Site no.: [][][][][]

Computer client no.: [][][][][][][][][][]

Length of contact: (mins) [][][]

Intervention setting: (mark one ☐)

- ☐ (1) Community setting ☐ (6) CBO
☐ (2) Clinic/health care ☐ (7) HIV C&T
☐ (3) Substance use treatment ☐ (8) STD clinic
☐ (4) Correctional/detention ☐ (9) Other setting
☐ (5) School/educational

Referrals (mark all that apply ☐)

- ☐ HIV testing ☐ Substance use treatment
☐ HIV prevention education ☐ Mental health/emotional support
☐ Needle exchange ☐ Shelter or housing
☐ STD testing & care ☐ Food
☐ HIV medical care ☐ Other
☐ Non-HIV medical care ☐ None

Counseling topics covered: (mark all that apply ☐)

- ☐ Sex risk reduction ☐ IDU risk reduction
☐ Other risk reduction ☐ Other, specify: _____

CLIENT INFORMATION

First letter of last name: []

Date of birth: (mm/dd/yy) [][][][][][]

Residence county: _____

Zip code: [][][][][][] ☐ Mark if homeless
(residence/hangout)

Gender & pregnancy: (mark one ☐)

- ☐ (1) Male
☐ (2) Female
☐ (3) Pregnant female
☐ (4) Transgendered: male to female
☐ (5) Transgendered: female to male
☐ (6) Other, specify: _____

Race/ethnicity: (mark one or two ☐)

1st 2nd

- ☐ (1) ☐ (1) African American (not Hispanic)
☐ (2) ☐ (2) American Indian/Alaskan Native
☐ (3) ☐ (3) Asian/Pacific Islander
☐ (4) ☐ (4) Hispanic/Latino(a)
☐ (5) ☐ (5) White (not Hispanic)
☐ (6) ☐ (6) Other, specify: _____

Sexual orientation: (mark one ☐)

- ☐ (1) Gay male
☐ (2) Bisexual
☐ (3) Heterosexual (straight)
☐ (4) Lesbian
☐ (5) Other, specify: _____
☐ (6) Don't know
☐ (7) Declined/refused

HIV status: (mark one ☐)

- ☐ (1) Positive
☐ (2) Negative
☐ (3) Inconclusive
☐ (4) Don't know
☐ (5) Declined/refused

HEALTH HISTORY

Sexual behavior (D/R = declined/refused)

By "sex" we mean oral, vaginal, or anal sex, but NOT masturbation or sex with dildos/sex toys.

In the last 12 months, had sex with a . . .

- Male ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Female ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Transgendered person ☐ (1) Yes ☐ (2) No ☐ (3) D/R

In the last 12 months, had sex for . . .

- Drugs ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Money/other ☐ (1) Yes ☐ (2) No ☐ (3) D/R

In the last 12 months had . . .

Sex with an IDU partner ☐ (1) Yes ☐ (2) No ☐ (3) D/R

Receptive anal sex (partner's penis entered anus/butt)
☐ (1) Yes ☐ (2) No ☐ (3) D/R

Condom last time? ☐ (1) Yes ☐ (2) No ☐ (3) D/R

Receptive vaginal sex (partner's penis entered vagina)
☐ (1) Yes ☐ (2) No ☐ (3) D/R

Condom last time? ☐ (1) Yes ☐ (2) No ☐ (3) D/R

Insertive anal sex (penis entered partner's anus/butt)
☐ (1) Yes ☐ (2) No ☐ (3) D/R

Condom last time? ☐ (1) Yes ☐ (2) No ☐ (3) D/R

Insertive vaginal sex (penis entered partner's vagina)
☐ (1) Yes ☐ (2) No ☐ (3) D/R

Condom last time? ☐ (1) Yes ☐ (2) No ☐ (3) D/R

Hepatitis and STD history (D/R = declined/refused)

During the last 12 months, diagnosed with a STD or Hepatitis
☐ (1) Yes ☐ (2) No ☐ (3) D/R

If Yes, STDs/Hepatitis diagnosed within the last 12 months. (mark all that apply ☐)

- ☐ Syphilis (syph, the pox, lues) ☐ Genital herpes (HSV)
☐ Gonorrhea (GC, clap, drip) ☐ Hepatitis B (HBV)
☐ Chlamydia ☐ Hepatitis C (HCV)
☐ Trichomoniasis (trich) ☐ Other STD
☐ Genital/anal warts (HPV)

Diagnosed with any viral STDs or Hepatitis more than 12 months ago (if first visit)? ☐ (1) Yes ☐ (2) No ☐ (3) D/R

If Yes, viral STDs/ Hepatitis diagnosed more than 12 months ago. (mark all that apply ☐)

- ☐ Genital/anal warts (HPV) ☐ Hepatitis B (HBV)
☐ Genital herpes (HSV) ☐ Hepatitis C (HCV)

Drug use history (D/R = declined/refused)

In the last 12 months, used any of the following drugs?

- Alcohol ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Crack (rock) ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Amphetamine (speed, crank, crystal, tina) ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Cocaine (powder) ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Nitrate/nitrates (poppers, rush) ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Heroin (junk, skag, smack, H) ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Ecstasy (MDMA, Adam, E, X) ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 GHB (liquid ecstasy, G) ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Ketamine (special K, vitamin K, K) ☐ (1) Yes ☐ (2) No ☐ (3) D/R
 Viagra ☐ (1) Yes ☐ (2) No ☐ (3) D/R

In the last 12 months, used a needle to inject drugs or other substances (not including drugs taken under a doctor's order)? ☐ (1) Yes ☐ (2) No ☐ (3) D/R

If Yes, for last injection used a new needle that has never been used before? ☐ (1) Yes ☐ (2) No ☐ (3) D/R

Data Entry Use Only

Data entry initials: _____